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APPLICANTS

Simon Sun, Ann Arbor, MI;
Zorn Kojic, Ann Arbor, MI;

** CONTINUING DATA ***** *SAV None*

** FOREIGN APPLICATIONS ***** *SAV None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MI	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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ADDRESS
23688
Bruce E. Harang
PO BOX 872735
VANCOUVER, WA
98687-2735

TITLE
Rear Fold Down Cargo Seat with Tilt Down Cushion

FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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